

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Jessica Upshaw
Full Address 747 Kone Dr, Diamondhead MS 39525
Telephone 228-867-6005 (Fax) 228-255-6619
E-mail jessica@jessicaupshaw.com
Office Sought House of Representative, Dist 95 Political Party Republican



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar
year-to-date

Total amount of contributions	<u>1950.00</u>	\$	<u>200.00</u>	\$	<u>2150.00</u>
Total amount of disbursements	<u>2405.50</u>	\$	<u>1147.50</u>	\$	<u>3553.00</u>
Total amount of cash on hand		\$	<u>25,231.56</u>		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jessica Upshaw
Signature of Candidate

12/31/09
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jessica Upshaw Campaign Committee
 Reporting period 01/01/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name <u>Friends of Billie Hewes</u>	Date (Mo., Day, Year) <u>08/18/09</u>	Amount of each disbursement this period \$ <u>1000.00</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>1000.00</u>
B. Full name <u>Sea Coast Echo</u>	Date (Mo., Day, Year) <u>09/14/09</u>	Amount of each disbursement this period \$ <u>430.50</u>
Mailing Address		
City, State, Zip Code <u>Bay St. Louis MS</u>		
Purpose of Disbursement (Optional) <u>Ads for town hall meetings</u>	Aggregate Year-to-date	\$ <u>430.50</u>
C. Full name <u>American Express</u>	Date (Mo., Day, Year) <u>10/19/09</u>	Amount of each disbursement this period \$ <u>975.00</u>
Mailing Address		
City, State, Zip Code <u>None</u>		
Purpose of Disbursement (Optional) <u>Charges for town hall meeting</u>	Aggregate Year-to-date	\$ <u>975.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Jessica Upshaw Campaign Committee
 Reporting period 11/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Checks into Cash</u>		<u>07/14/09</u>	\$ <u>250.00</u>
Mailing Address <u>201 Keith St. SW Suite 80</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Cleveland TN 37364</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chesson</u>		<u>10/14/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Pascagoula MS 39568</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dembury Offshore, LLC</u>		<u>12/01/09</u>	\$ <u>500.00</u>
Mailing Address <u>5100 Tennyson Parkway, Suite 1200</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Plano TX 75024</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Astra Zeneca</u>		<u>12/09/09</u>	\$ <u>400.00</u>
Mailing Address <u>7516 Jeannette St.</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>New Orleans LA 70118</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Jessica Upshaw Campaign Committee
 Reporting period 1/01/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS Association for Home Care</u>	<u>12/21/09</u>	\$ <u>300.00</u>
Mailing Address	<u>1009 N. West St.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson MS 39225</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$